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### Bib Data Sheet

<b>SERIAL NUMBER</b> 10/806,917	<b>FILING OR 371(c) DATE</b> 03/22/2004  <b>RULE</b>	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> 2192	<b>ATTORNEY DOCKET NO.</b> AUS920040063US1	
<b>APPLICANTS</b> Robert Tod Dimpsey, Austin, TX; Frank Eliot Levine, Austin, TX; Robert John Urquhart, Austin, TX;					
<b>** CONTINUING DATA *****</b> <div style="display: flex; justify-content: space-between;"> <span>none</span> <span>BW</span> </div>					
<b>** FOREIGN APPLICATIONS *****</b> <div style="display: flex; justify-content: space-between;"> <span>none</span> <span>BW</span> </div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div>           Examiner's Signature _____  <i>BW</i> </div> <div>           Initials _____  <i>BW</i> </div> </div>					
<b>ADDRESS</b> 35525					
<b>TITLE</b> Method and apparatus for autonomic test case feedback using hardware assistance for data coverage					
<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>			